

**REQUEST FOR INFORMATION FORM**  
**Request To Test Special Education Students**  
**Outside Established CAPA Testing Window**

For Schools/Students who will not be in session between **April 21- May 16 for administration of the CAPA**, please indicate time period that will be used for the CAPA testing session following May 16. You will need a **two-week consecutive period of time** (or 10 consecutive school days) for the administration of the CAPA and then a three-day period of time for forwarding of test materials to Educational Testing Service.

**You must also allow a week prior to the commencement of testing for the examiners to study the administrative manual in preparation for administration.**

Please complete the following by providing the County and District code, along with the other information requested about the individual completing this form. For each individual school not in session, please provide the information requested in the table below.

**County/District Code:**

**Name of Person Completing form:**

**Title of Person completing form:**

**Address:**

**Phone number:**

**Email:**

**Does your LEA have students eligible for CAPA, who end the 2002-03 school year prior to April 21<sup>st</sup>? If so contact ETS per the contact modes listed below this table.**

<b>School Name</b>	<b>School Code</b>	<b># of Students eligible for CAPA</b>	<b>Requested Test Dates (after May 16 but completed prior to June 30)</b>

**DUE BY February 4, 2003**  
**Please return this by mail to: STAR Technical Assistance Center**  
**2731 Systron Drive, Concord, CA 94518**  
**or by fax at (800) 541-8455**  
**or electronically to [sbauer@ets.org](mailto:sbauer@ets.org)**